

CLAIMS ONLY							Application Number		Filing Date	
							10/19/9646			
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
1	Indep	Depend	Indep	Depend	Indep	Depend	51			
2							52			
3							53			
4							54			
5							55			
6							56			
7			1				57			
8				1			58			
9							59			
10							60			
11							61			
12							62			
13							63			
14			1				64			
15				1			65			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1		3				Total Indep			
Total Depend	0	9					Total Depend			
Total Claims	1		12				Total Claims			